STATE OF LOUISIANA	
TRAVEL AUTHORIZATION	

REV 01/2013			TRAVEL A	UTHOL	KIZATION						
DEPARTMENT/DIVISION					DATE OF REQUEST		DATE EFFECTIVE	T.A. NUMBER			
SECTION	COST OFFICIAL STATION/DOMICILE CENTER						TYPE OF AUTHORIZATION				
I HEREBY CERTIFY THAT T INCUMBENTS_ THEREOF, A EXPENDITURES OF THE NA AUTHORIZATION IS HEREB AND REGULATION.	□ IN-STATE TRAVEL □ OUT-OF-STATE □ CONF./ CONVENT. □ SPONSORED □ WORKSHOP □ MEETING										
SE	CTION HEAD			AUTHORIZED BY OR FOR DEPARTMENT HEAD ST BE COMPLETED ON ALL AIR TRAVEL AUTHORIZATIONS UNDER PPM 49)							
APPROVED BY OR FOR DIVISION HEAD AUTHORIZATION OF AGENCY OPERATING SPECIAL PURPOSE AIRCRAFT (TO BE USED WHEN SPECIAL PURPOSE AIRCRAFT USED FOR GENERAL TRAVEL, PPM 49) AUTHORIZED BY OR FOR DIRECTOR									- 9)		
NAME OF EMPLOYEE			TITLE OF POSITION			Н	IOME ADDRESS				
PURPOSE OF TRIP OR NECESSITY FOR TRAVEL (MUST BE COMPELETED)											

TRAVEL ALLOW	VANCES	TRAVEL ADVANCE REQUESTED T YES - AMOUNT \$					(COMPLETE REVERSE)	ГNО
TOTAL FOR MON	TH OR TRIP					\$	I certify that this voucher has been	
TOTAL FOR QUA	RTERLY ENDING					\$	examined, that the proposed expenditure is authorized by appropriation and allotment and does not exceed the	
TOTAL FOR FISCAL YEAR \$								unencumbered balance of the allotment to which it is properly chargeable, that the
FUND	APPR'N	AGENCY CODE			•	EXP. CODE		prices or rates are fair and reasonable, and the total estimated cost has been
								entered as a charge against the allotment(s) and appropriation(s) indicated on this travel authorization.
								indicated on this that of that is
PUNCHED VERIFIED		VERIFIED			EXAMINED BY	DATE	COMPTROLLER/FISCAL OFFICER	

Reimbursement for all travel expenses will be made in accordance with Travel Regulations prescribed by the Governor, through the Division of Administration. See Policy and Procedure Memorandum No. 49, Travel Regulations, and Policy and Procedure Memorandum No. 67, Travel in State-owned Aircraft.

PURPOSE OF TRIP OR NECESSITY FOR TRAVEL (Continued from front)

DETAIL ESTIMATION OF TRAVEL EXPENSES (Must Be Completed)						
AIR FARE (COACH CLASS)		\$				
PERSONAL CAR	@ \$.51 PER MILE	\$				
RENTAL CAR		\$				
LIMOUSINE, TAXI, ETC.		\$	\$			
	LODGING NIGHTS @ \$/NIGHT	\$				
SUBSISTENCE	MEALS DAYS@ \$/DAY	\$	\$			
TOLLS AND PARKING			\$			
TIPS			\$			
	REGISTRATION FEES	\$				
OTHER EXPENSES	MEMBERSHIP FEES	\$				
	OTHER (Explain)	\$	\$			
TOTAL ESTIMATED REQUIRED EXPENDITURES (carry to front of form)			\$			

SPECIAL APPROVALS REQUIRED	
☐ WEEKEND TRAVEL ☐ VEHICLE RENTAL ☐ 50% ALLOWANCE ☐ USE OF PERSONAL VEHICLE ☐ OTHER (Please Explain):	
SIGNATURE OF DEPARTMENT HEAD	DATE